



# Application for Credit

Date: \_\_\_\_\_

## Billing Information:

Firm Name: \_\_\_\_\_

Trade Style/ Type of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip-Code: \_\_\_\_\_

Owner/s Name: \_\_\_\_\_

Corporation     Partnership     Individual

Year Business Established: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_

RESALE PERMIT #: \_\_\_\_\_

## Contact Information:

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## Banking Information:

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Account#: \_\_\_\_\_

## Trade Reference: (4 References required)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Account#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Account#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Account#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Account#: \_\_\_\_\_

Sign granting Rohm Machine & Welding Inc. permission to contact listed reference's to verify information provided

X \_\_\_\_\_

Please return completed form via-fax or via-email.

Thank you.